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CONFIRMATION NO. 4240

<b>SERIAL NUMBER</b> 10/720,616	<b>FILING OR 371(c) DATE</b> 11/24/2003 <b>RULE</b>	<b>CLASS</b> 600	<b>GROUP ART UNIT</b> 3735	<b>ATTORNEY DOCKET NO.</b> 03-12495	
<b>APPLICANTS</b> Vincent Ardizzone, Port Jefferson, NY; Thomas Bove, Spokane, WA;					
<b>** CONTINUING DATA *****</b> This application is a CIP of 10/318,552 12/13/2002 which is a CIP of 10/087,135 02/28/2002 PAT 6,648,812 which claims benefit of 60/272,384 02/28/2001					
<b>** FOREIGN APPLICATIONS *****</b>					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> <b>** 02/23/2004</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged <u>                    </u> Examiner's Signature <u>                    </u> Initials		<b>STATE OR COUNTRY</b> NY	<b>SHEETS DRAWING</b> 4	<b>TOTAL CLAIMS</b> 37	<b>INDEPENDENT CLAIMS</b> 5
<b>ADDRESS</b> 25189					
<b>TITLE</b> MAGNETIC FOOT THERAPEUTIC APPARATUS AND METHOD					
<b>FILING FEE RECEIVED</b> 624	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		

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